

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
Frankfort, KY 40601

AGREEMENT AS TO COMPENSATION AND ORDER APPROVING SETTLEMENT

Workers' Compensation Claim No. _____

IF THIS FORM IS NOT PROPERLY COMPLETED, IT WILL BE RETURNED.
Every section should be filled in. If a section is not applicable, fill in the blank with N/A.

_____ Claimant		_____ Insurer/Self-Insured/Self-Insurance Group
_____ Social Security Number	_____ Date of Birth	_____ Insurer's Address
_____ Address		_____ City, State Zip Code
_____ City, State, Zip Code		
_____ Employer		_____ Other party
_____ Address		_____ Address
_____ City, State, Zip Code		_____ City, State, Zip Code

COAL WORKERS' PNEUMOCONIOSIS: INJURIOUS EXPOSURE

Cause of disease: _____ Length of exposure: _____

Date of last exposure: _____ County in which exposure occurred:

Brief description of history of exposure to coal dust:

MEDICAL INFORMATION

Medical expenses paid: \$ _____ Date of last medical payment: _____

Medical expenses unpaid or contested: \$ _____

Surgery performed: _____ Yes _____ No

Nature of surgery: _____

Hospitalization(s): _____ Yes _____ No

Length of hospital stay(s): _____

X-ray interpretations by B-readers: (Attach entire x-ray interpretation report)

<u>ILO Classification</u>	<u>Date of Report</u>	<u>Physician</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the Commissioner's Notice of Consensus been issued? _____ Yes _____ No

If yes, specify the consensus finding and attach a copy of the notice: _____

Pulmonary function studies: (Attach entire medical report that provides ratings)

FVC/FEV1

Date of Study

Physician

Diagnosis: _____

If medical treatment is continuing, attach a copy of executed Form 113 indicating designated physician.

WORK INFORMATION

Type of work at last exposure: _____

Average weekly wage at time of last exposure: _____

Type of work performed at time of settlement: _____

BENEFIT AND SETTLEMENT INFORMATION

Monetary terms of settlement: \$ _____, to be paid as follows: ____ lump sum, ____ weekly for _____ weeks, ____ by annuity, ____ other _____ Total

settlement amount: \$ _____ Percent of permanent disability: _____ %

Settlement computation:

Does settlement amount include waiver or buyout of _____ past or _____ future medical expenses?

____ Yes ____ No. If yes, settlement amount for waiver or buyout: \$ _____

If settlement terms provide for lump sum representing weekly benefits greater than \$100, does claimant have an adequate source of income during disability? ____ Yes ____ No

Source of income: _____ Amount: \$ _____

Does settlement include retraining incentive benefits? ____ Yes ____ No

If yes, is claimant enrolled and actively and successfully participating in a bona fide training or education program approved by the Commissioner? ____ Yes ____ No

Name of training or education program (Attach additional pages if necessary):

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OTHER INFORMATION

If additional information is pertinent to settlement, explain, (Attach additional pages if necessary):

CERTIFICATION OF PARTIES

By signing this agreement, the parties and their representatives hereby certify that all sums paid pursuant to this agreement are in settlement of the plaintiff's coal workers' pneumoconiosis claim only and no sums have been included for any other claims or potential claims the plaintiff has against the defendant-employer.

This the _____ day of _____, 20____.

Attorney or representative for claimant (Signature)

Claimant (Signature)

Attorney or representative for claimant (Name typed)

Attorney or representative for employer

Address

Address

City, State, Zip

City, State, Zip

ORDER APPROVING COAL WORKERS PNEUMOCONIOSIS SETTLEMENT AGREEMENT

IT IS ORDERED that the above Agreement as to Compensation be and the same is hereby **APPROVED**.

This the _____ day of _____, 20____.

Administrative Law Judge

Pursuant to 803 KAR 25:009E, Section 27, the employer is required to file a written request for participation with the Kentucky Coal Workers' Pneumoconiosis Fund within 30 days of the Order Approving Settlement Agreement.